

Special Power of Attorney

(888) CalPERS (225-7377) • Telecommunications Device for the Deaf: (916) 795-3240

Section 1

When completing this form, please be sure to print the requested information.

Creation of Durable Power of Attorney for Retirement-Related Business

Name of Member or Beneficiary (First Name, Middle Initial, Las	Social Security Number	Social Security Number		
Address			County	
			()	
City	State	Zip	Davtime Phone	

By this document I intend to create a durable power of attorney by appointing the person(s) named below to make retirement-related decisions for me as allowed by the California Probate Code. This power is expressly limited to decisions relating to my benefits under the California Public Employees' Retirement System, the Legislators' Retirement System, or the Judges' Retirement System I or II — hereinafter CalPERS, LRS, JRS I and JRS II, respectively.

Section 2

You have the option of designating more than one attorney-in-fact.

If you appointed more than one attorney-infact, and you want each attorney-in-fact to be able to act alone, check the appropriate box. If you do not check a box, or if you check "jointly," then all of your attorneys-in-fact must act or sign together. Granting joint authority to two or more attorneysin-fact is exercisable only by their unanimous action. If you choose to have your attorneys-infact act jointly, and one is unavailable because of absence, illness, or other temporary incapacity, the other attorney(s)-infact may exercise their authority under the power of attorney.

Designation	of	Attorney-In-Fact
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lame of Attorney-in-Fact				
			I	
Address			County	
			()	
City	State	Zip	Daytime Phone	
Name of Attorney-in-Fact				
			1	
Address			County	
			()	
City	State	Zip	Daytime Phone	

I have designated more than one attorney-in-fact. They are to act:

	□ Separa □	tely, in	the ord	der lis	sted a	lbove
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Put name and Social Security number at the top of every page

Name of Member or Beneficiary

Social Security Number

Section 3

General Statement of Authority Granted

I hereby grant to my attorney-in-fact full power and authority to transact matters on my behalf relating to CalPERS, LRS, JRS I or JRS II. I understand that this authority is granted to the attorney-in-fact designated by me even if that person is related to me by blood, marriage or legal domestic partnership. By signing this Special Power of Attorney form I intend that:

My attorney-in-fact is
is not
authorized to select any payment option available under the retirement plan, even though it may reduce the monthly allowance that would otherwise be paid to me during my lifetime.
My attorney-in-fact is
is not
authorized to designate or change my beneficiary.
My attorney-in-fact is
is not
authorized to designate him or herself as my beneficiary.
On the following lines you may give special instructions limiting the powers granted to your attorney(s)-in-fact.

Signature of Member or Beneficiary Print Name

Section 4

Duration of Power of Attorney

Please be careful in choosing when you want your power of attorney to commence or terminate.

Unless you direct otherwise, this power

of attorney is effective

immediately and will

continue until it is revoked.

Please check the boxes that indicate your choice and sign below.

My attorney-in-fact is hereby instructed to notify CalPERS in writing of my disability, incapacity, or death immediately upon its occurence. This power of attorney shall not be affected by my subsequent disability or incapacity unless I so indicate below:

\square This special power of attorney is to commence immediately and to remain in effect for my li	fetime or i	until
I specifically cancel it.		

☐ This special power of attorney is to commence on	and terminate on	
	Date (mm/dd/yyyy)	Date (mm/dd/yyyy) or Event

This special power of attorney is to commence only upon a determination that I am incapacitated and/or unable to handle my own affairs. The determination of whether I am incapacitated and/or unable to handle my own affairs shall be made by

Name or Title of Person to make the determination

 $\hfill\Box$ This special power of attorney is to terminate in its entirety if I become incapacitated.

Print Name of Member or Beneficiary (First Name, Middle Initial, Last Name)

Signature of Member or Beneficiary

Section 5

Notice to Person Executing Durable Power of Attorney

The authority granted by the CalPERS Special Power of Attorney form is limited to matters relating to CalPERS, LRS, JRS I and JRS II. The person designated as your attorney-in-fact does not have any authority over your other real or personal property. If you wish that your attorney-in-fact have authority over your real and/or personal property, it is recommended that you seek legal counsel.

You may notice that the language contained in the following WARNING statement refers to more extensive authority than granted by the CalPERS Special Power of Attorney. This WARNING statement is required by Probate Code Section 4128 and must be included in all preprinted durable power of attorney forms even though the CalPERS Durable Power of Attorney does not authorize your attorney-in-fact to do many of the things mentioned in the following WARNING statement. Also, if you are concerned with the WARNING statement or the extent of the authority being granted by the CalPERS Special Power of Attorney form, we again urge you to consult with an attorney.

Section 5, continued

Notice to Person Executing Durable Power of Attorney

A durable power of attorney is an important legal document. By signing a durable power of attorney, you are authorizing another person to act for you, the principal. Before you sign this durable power of attorney, you should know these important facts:

- · Your agent (attorney-in-fact) has no duty to act unless you and your agent agree otherwise in writing.
- This document gives your agent the powers to manage, dispose of, sell, and convey your real and
 personal property, and to use your property as security if your agent borrows money on your behalf.
 This document does not give your agent the power to accept or receive any of your property, in trust
 or otherwise, as a gift, unless you specifically authorize the agent to accept or receive a gift.
- Your agent will have the right to receive reasonable payment for services provided under this durable power of attorney unless you state otherwise in this power of attorney.
- The powers you give your agent will continue to exist for your entire lifetime, unless you state that
 the durable power of attorney will last for a shorter period of time or unless you otherwise terminate
 the durable power of attorney. The powers you give your agent in this durable power of attorney will
 continue to exist even if you can no longer make your own decisions regarding the management of
 your property.
- You can amend or change this durable power of attorney only by executing a new durable power of
 attorney or by executing an amendment through the same formalities as an original. You have the
 right to revoke or terminate this power of attorney at any time as long as you are competent.
- This durable power of attorney must be dated and must be acknowledged before a notary public or signed by two witnesses. If it is signed by two witnesses, they must witness either (1) the principal's signing of the power of attorney or (2) the principal's acknowledgement of his or her signature. A durable power of attorney that may affect real property should be acknowledged before a notary public so that it can easily be recorded.
- You should read this durable power of attorney carefully. When effective, this durable power of
 attorney will give your agent the right to deal with property that you now have or might acquire in
 the future. This durable power of attorney is important to you. If you do not understand the durable
 power of attorney or any provision of it, you should obtain the assistance of an attorney or other
 qualified person.

	quanneu person.			
Section 6	Principal Information			
Principal fills out this section.	Date Executed (mm/dd/yyyy) City		State	
	Signature of Principal		County	
	Name of Principal (printed)		- Social Secu	rity Number
Section 7	Witness Information			
Witness(es) fills out this section.	of attorney. I am an adult at least 18 y	ture or the principal's acknowledgment of t rears old and not the attorney-in-fact. My si ame person who signed and dated this affid	gnature certi	
	Signature of Witness 1	Name of Witness 1 (printed)		
	Address	Tamo o material		
	City		State	Zip
	Signature of Witness 2	 Name of Witness 2 (printed)		
	Address			
	011.		04-4-	71-
PERS-0SS-138 (11/04)	City	Page 3 of 4	State	Zip

Put name and Social		
Security number at the top of every page	Name of Member or Beneficiary	Social Security Number
Section 8	Notary Public Acknowledgement	
Notary Public fills out this section.	Your Signature	Date (mm/dd/yyyy)
Do not fill out this section if you have	Notary	
completed Section 7.	State County	
	On before me , personally known	to me or
	Personally known to me (or proved to me on the basis of satisfactory evid name(s) is/are subscribed to the within instrument and acknowledged to the same in his/her/their authorized capacity(ies), and that by his/her/their the person(s), or the entity upon behalf of which the person(s) acted, exercise the person of the person of the entity upon behalf of which the person of the person of the person of the entity upon behalf of which the person of	o me that he/she/they executed signature(s) on the instruments
		Notary Seal
	Witness my hand and official seal.	
	Signature of Notary Public	Date
Section 9	Notice to Person Accepting the Appointment of Attorney-i	n-Fact
The person agreeing to act as attorney-in-fact must sign this section.	By acting or agreeing to act as the agent (attorney-in-fact) under this pow fiduciary and other legal responsibilities of an agent. These responsibilities • The legal duty to act solely in the interest of the principal and to avoid cont • The legal duty to keep the principal's property separate and distinct from a or controlled by you.	es include: licts of interest.

You may not transfer the principal's property to yourself without full and adequate consideration or accept a gift of the principal's property unless this power of attorney specifically authorized you to transfer property to yourself or accept a gift of the principal's property. If you transfer the principal's property to yourself without specific authorization in the power of attorney, you may be prosecuted for fraud and/or embezzlement. If the principal is 65 years of age or older at the time the property is transferred to you without authority, you may also be prosecuted for elder abuse under Penal Code Section 368. In addition to criminal prosecution, you may also be sued in civil court.

I have read the foregoing notice and I understand the legal and fiduciary duties that I assume by acting or agreeing to act as the agent (attorney-in-fact) under the terms of this power of attorney.

Print Name of Agent	
Signature of Agent	Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 2976, Sacramento, California 95812-2796

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